

Colonial Heights Public Library

Registration Form

Please complete this form and present current proof of residence (Driver's License, Checks, Lease Agreement or a Post-marked bill). Children under the age of 18 must have a parent signature.

Date: _____

Barcode: _____

Last Name

First Name

Full Middle Name

Prefix

Street Address

City

State

Zip Code

Home Phone Number

Work or Second Number

E-Mail Address

In signing for this library card I agree to the following:

- I accept responsibility for all materials borrowed on my card
- I accept responsibility for all fines incurred and for any loss or damage of materials borrowed on my card.

In Addition, for Juvenile Cards:

Age (Only for Juvenile Cards) _____

- I accept responsibility for the selection of materials made by my child.

Signature of Card Holder or Parent/Legal Guardian

Please Print Name of Card Holder and Parent/Legal Guardian

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LIBRARY USE ONLY

☐ Adult

☐ Chesterfield/Juv

☐ JUV

☐ NR

☐ Chesterfield

☐ Temp (6 month Expiration Date _____)

Staff Initials _____